

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

502  
Lobbyist's Registration Number

**Instructions**

**FOR OFFICE USE ONLY**  
Postmark Date: 12-16-00

*Roger  
H. 1078  
11/10/00  
RD*

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Vuljain Allison MI

2. BUSINESS PHONE 225-926-2840

3. BUSINESS ADDRESS 561 Concordia St. BR LA 70806  
P.O. Box 66933 BR LA 70896

MAILING ADDRESS P.O. Box 66933 BR LA 70896

4. EMPLOYER LA SELF 561 Concordia St. BR LA 70806

5. EMPLOYER'S ADDRESS P.O. Box 66933 BR LA 70896  
561 Concordia St. BR LA 70806

6. Have you ceased or terminated all lobbying activities requiring registration? Yes  No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name LA Assisted Living Association  
Address P.O. Box 66933  
Business or purpose LA Assis- trade association representing Assisted Living Providers
- New Representation  
Does this person pay you? yes  
If No, who pays you? \_\_\_\_\_
- Terminated Representation as of \_\_\_\_\_

SEARCHED  
SERIALIZED  
INDEXED

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
 New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
 Terminated Representation as of \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

*Clarence P. Valjean*  
 \_\_\_\_\_  
 Signature of Lobbyist